IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Audited	
Checked	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center	
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Jim McKinney	
Name Same	
Malling Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Diane Hingst	
Name	
Malina Address	December 27, 2016 \$20.00
Mailing Address City, State, Zip Code	December 27, 2016 \$20.00 Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Donated to the IMCC Dog Program	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of	the state or received by the Governor on behalf of the state.
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Statement of Affirmation:

I, VILC affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.